

Calhoun County Public Health Department



BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY

2004

Executive Summary

Dear Calhoun County Citizens,

As part of the Calhoun County Public Health Department's (CCPHD) mission to promote healthy lifestyles, protect health, and prevent disease in Calhoun County, CCPHD developed the Behavioral Risk Factor Surveillance Survey (BRFSS). The BRFSS provides CCPHD and community partners a look at Calhoun County citizen health behaviors. A total of 19 health behaviors are presented in this document including cholesterol awareness, tobacco use, asthma, and prostate cancer screening.

In order to compile the data, respondents were asked to rate their own health and quality of life along with their access to health care including insurance. The respondents were also asked specific health questions relating to health screening and income level. Several highlights include:

- Estimated 20% of adults reported they had no health care coverage, significantly higher than the statewide estimate of 14%.
- Approximately 91% percent of adults reported eating less than five servings of fruits and vegetables per day.
- Nearly 31% of adults indicated they were obese and 39% reported they were overweight.
- Roughly 50% of adults reported having received an HIV test.
- Approximately 70% of men over age 50 reported having a PSA test for prostate cancer.
- Nearly 71% of female respondents age 20 and over reported having a clinical breast exam with 58% female respondents age 40 and over reported having a mammogram in the past year.
- Nearly 97% of females reported having a Pap smear test. The Healthy People 2010 goal is 97%.

Upon review of this data, CCPHD noted a direct correlation between healthy behavior, insurance, and income level. Those without health insurance or with low income levels have increased risk factors often due to limited medical care access due to high medical care costs.

The CCPHD long-term strategic planning objectives identified in 2006 were:

- Establish, and make available to the community, a community health trend data system
- Increase CCPHD community awareness of products and services 25% over identified benchmarks
- Reflect community diversity within all CCPHD and County health initiatives
- Improve the following health indicators:
 - Infant Mortality
 - Teen Pregnancy
 - Sedentary Lifestyle
- Agree by County Commission Board and Board of Health on health plan

CCPHD will utilize this data and community input as goals and strategic plans are developed and implemented.

CCPHD looks forward to continue serving Calhoun County citizens by monitoring health status and identifying, diagnosing, and investigating health issues.


Sincerely,

Calhoun County Public Health Department Staff

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Demographic Summary

	Calhoun County (1)				MI	US
	<34	35-54	55+	Total		
<u>Total Population</u>	66,043	40,442	31,500	137,985	9,938,444	281,421,906
<u>Population by Race</u>					<u>Percent</u>	<u>Percent</u>
White					85.4%	81.1%
Black					11.0%	12.75%
American Indian and Eskimo					0.6%	0.9%
Hawaiian and Pacific Islander					0.0%	0.2%
Asian/Pacific Islander					1.1%	3.8%
Hispanic					3.2%	12.4%
Other					1.8%	1.4%
<u>Population by Sex</u>						
Male	24.1%	14.5%	10.0%	48.6%	49.0%	49.1%
Female	23.7%	14.8%	12.9%	51.4%	51.0%	50.9%
<u>Total Households</u>	54,100				3,875,661	105,480,101
<u>Median Household Income</u>	\$39,991				\$44,667	\$41,994

Source: U.S. Census Bureau, 2007, based on 2000 Census data.

(1) These numbers represent Calhoun County in its entirety.

2004 BRFSS Summary

The Behavioral Risk Factor Surveillance System (BRFSS) is a collaborative project of the Centers for Disease Control and Prevention (CDC) and U.S. states and territories. State health departments follow guidelines provided by the CDC and collect data on preventive health practices and risk behaviors that are linked to chronic diseases, injuries, and preventable infectious diseases in the adult population. In Michigan, the survey is conducted annually through a collaborative effort among the Behavioral Surveillance Branch (BSB) of the CDC, the Michigan State University Institute for Public Policy and Social Research (IPPSR), and the Michigan Department of Community Health (MDCH).

In 2004, the Calhoun County Public Health Department (CCPHD), under contract with IPPSR (Institute for Public Policy & Social Research), facilitated the collection of county-specific data. Completing a greater number of interviews in Calhoun County allowed for the calculation of prevalence estimates of various behaviors, medical conditions, and preventive health care practices among the general adult population of Calhoun County.

Data collection started in March 2004 and was completed in March 2005. The survey was designed to over-sample African Americans so that race-specific estimates could be calculated and compared to one another. Survey respondents were Calhoun County residents aged 18 years and older at the time of the survey. The total sample size of completed interviews was 772. The refusal rate was 7.1%. Population-based prevalence and confidence interval limits were calculated using SAS (version 9.1), a statistical computing program capable of analyzing data from multistage sample surveys. In general, the overall margin of sampling error for a sample of 772 is $\pm 3.6\%$ or less. The data were weighted to adjust for the probabilities of selection and a post-stratification weighting factor that adjusted estimates by sex, age, and race.



Prevalence estimates are shown with their 95% confidence intervals (1.96 times the standard error). For example, on the page "How Residents Rate Their Own Health", 21.8% of residents rated their health as "fair or poor." The confidence interval for this estimate is $\pm 4.2\%$. This means that the true prevalence estimate is between 17.6% and 26.0%. Confidence intervals for two different subpopulations (i.e., gender, race) can be interpreted in the following manner: if the two confidence intervals do not overlap, they are probably statistically different from one another. Estimates are reported for demographic subgroups with a sample size of at least 50 respondents.

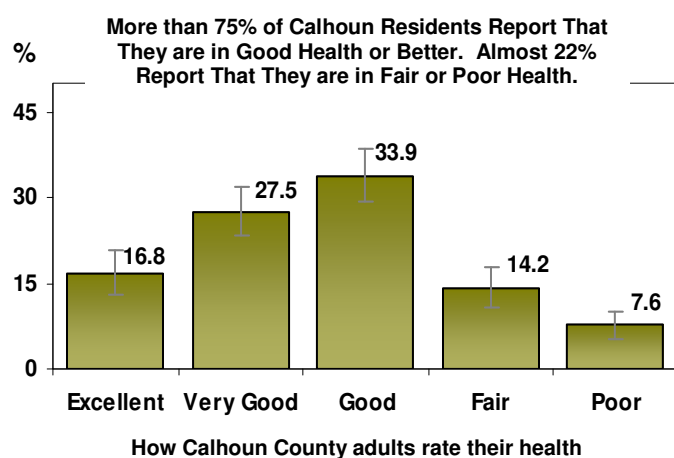
Unless otherwise specified, respondents who answered that they did not know or refused to answer were not included in the calculation of estimates.

How Residents Rate Their Own Health

The Centers for Disease Control and Prevention has defined health-related quality of life as “an individual’s or group’s perceived physical and mental health over time”.¹ Self-assessed health status is proven to be a powerful predictor of mortality and morbidity.² Self-perception of health status is also useful for tracking population trends and identifying health disparities among subgroups of the population. In the U.S. and the State of Michigan, 14.9% and 14.4% of residents said that their health was either fair or poor respectively.³

In Calhoun County,

- 21.8% of adults reported that their general health was fair or poor, a greater percentage than both the U.S. and the State of Michigan.
- Those with less than a high school education were most likely to report fair or poor health.
- Residents with lower education and lower incomes were more likely to report having fair or poor health. This disparity is especially apparent when examining the difference between the residents on the lowest end of the education and income range and those on the highest end.



Question:

“Would you say that in general your health is: excellent, very good, good, fair, or poor?”

Percent of respondents who reported that their . . .	General health was fair or poor
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Total	21.8 ± 4.2
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Gender

Male	19.5 ± 6.1
Female	24.0 ± 5.5

Race

White	19.3 ± 4.4
Black	34.4 ± 14.1

Education

Less than HS	43.0 ± 14.8
HS Graduate	26.7 ± 7.1
Some college	11.9 ± 5.4
College graduate	8.9 ± 4.6

Income

Less than \$20,000	53.4 ± 11.9
\$20-\$34,999	16.6 ± 6.7
\$35-\$49,999	16.4 ± 10.2
\$50-\$74,999	5.9 ± 5.9
More than \$75,000	5.4 ± 4.2

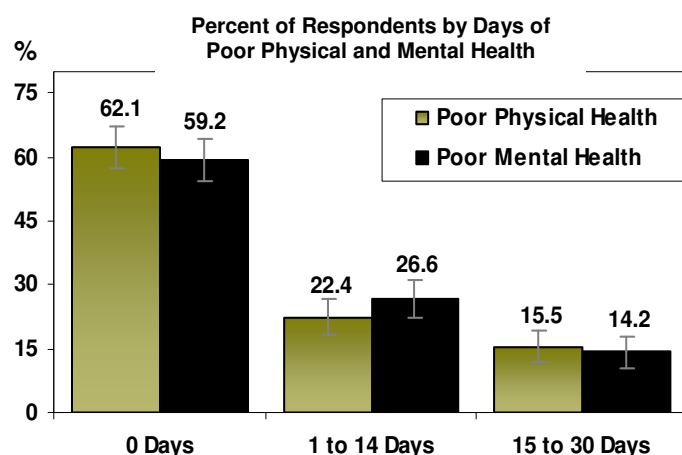
1. Centers for Disease Control and Prevention. (2000). *Measuring healthy days: Population assessment of health-related quality of life*. Atlanta, GA: Author.
2. Idler, E. L., & Benyamini Y. (1997). Self-rated health and mortality: A review of 27 community studies. *Journal of Health and Social Behavior*, 38, 21-37.
3. Centers for Disease Control and Prevention. (2004). *BRFSS Prevalence Data Website*. Retrieved Mar 06 from <http://apps.nccd.cdc.gov/brfss>

How Residents Rate Their Quality of Life

The measures of healthy days and unhealthy days assess people's overall perceptions about their health. These measures can help to identify groups in the general population with unmet perceived health needs.¹ In general, research shows that younger adults experience a higher number of poor mental health days than physical health days, while older adults experience the opposite.²

In Calhoun County,

- 15.5% of adults reported that they had 15 or more days of poor physical health.
- 14.2% of adults reported that they had 15 or more days of poor mental health.
- Poor physical health was reported more often by older people while poor mental health was reported more often by younger people.
- Adults with lower income tended to report both poorer physical and mental health than adults with higher income.
- The average number of days per month a Calhoun County adult did not have good physical health was 5.3 days, and for mental health the average was 4.4 days.



Questions:

“...for how many days during the past 30 days was your physical health not good?”

“...for how many days during the past 30 days was your mental health not good?”

Percent of respondents who reported that, during the past month, they had 15 or more days of ...	Poor physical health ^a	Poor mental health ^b
Total	15.5 ± 3.8	14.2 ± 3.7
Age		
18-34 years	8.2 ± 6.7	12.7 ± 7.3
35-54 years	14.7 ± 6.3	19.7 ± 6.7
55 years +	22.5 ± 6.5	8.9 ± 5.0
Gender		
Male	13.9 ± 5.7	10.6 ± 5.4
Female	17.0 ± 5.0	17.5 ± 5.1
Race		
White	14.6 ± 4.1	14.4 ± 4.1
Black	18.6 ± 11.5	13.3 ± 10.0
Income		
Less than \$20,000	34.5 ± 11.7	26.4 ± 11.4
\$20-\$34,999	6.7 ± 5.0	11.6 ± 6.1
\$35-\$49,999	16.3 ± 10.2	14.3 ± 9.5
\$50-\$74,999	12.1 ± 9.3	5.3 ± 6.1
More than \$75,000	3.2 ± 3.7	5.5 ± 6.1

^a Includes physical illness and injury.

^b Includes stress, depression, and problems with emotions.

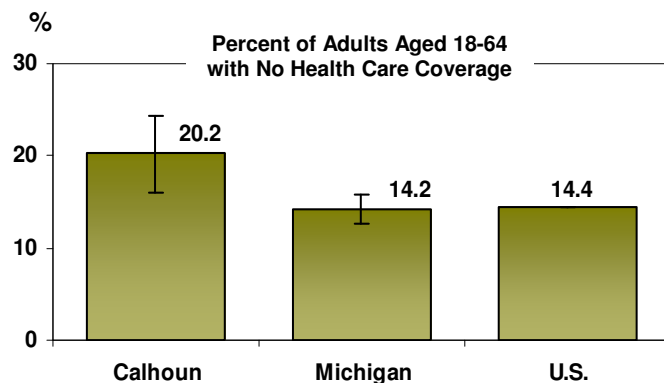
- Centers for Disease Control and Prevention. (2000). *Measuring healthy days: Population assessment of health related quality of life*. Atlanta, GA: Author.
- Centers for Disease Control and Prevention. (2002). *Health-related quality of life findings* [Electronic version]. Atlanta, GA: U.S. Department of Health and Human Services, CDC, National Center for Chronic Disease Prevention and Health Promotion.

Access to Health Care

Access to health care is important for the prevention of disease and the diagnosis, treatment, and management of illness. Uninsured individuals often have more serious hospitalizations and are more likely to be diagnosed at a late stage of illness as compared with insured individuals.¹ Studies have shown that the risk of premature death increases for those who go without health insurance over a long period of time.²

In Calhoun County,

- 20.2% of adults reported that they had no health care coverage. This is significantly higher than the statewide estimate of 14.2%.
- Men were more likely to have no health care coverage (25.6%) compared to women (14.5%).
- The major sources of health insurance among those aged 18-64 years were employer (60.6%), someone else's employer (21.1%), and Medicaid (11.9%).
- 15.7% of adults reported that they had not sought needed health care due to the cost.



Questions:

“Do you have any kind of health care coverage...?”

“Do you have anyone that you think of as your personal doctor or health care provider?”

“Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?”

Percent of respondents who reported having . . .	No health care coverage (ages 18-64)	No personal health provider	Not sought needed health care due to cost
Total	20.2 ± 4.1	15.7 ± 4.0	15.7 ± 3.7
Age			
18-24 years	36.0 ± 16.0	38.7 ± 16.1	10.3 ± 8.5
25-34 years	18.3 ± 10.4	19.9 ± 11.7	19.6 ± 10.0
35-44 years	20.9 ± 10.4	18.2 ± 10.1	25.8 ± 10.6
45-54 years	15.9 ± 10.0	11.2 ± 8.0	19.9 ± 9.6
55-64 years	12.3 ± 7.4	8.1 ± 5.2	11.7 ± 8.7
65-74 years	-	8.6 ± 8.0	4.0 ± 3.6
75 years +	-	1.0 ± 1.4	6.9 ± 6.9
Gender			
Male	25.6 ± 7.1	20.7 ± 6.9	12.6 ± 5.8
Female	14.5 ± 3.8	11.0 ± 4.0	18.6 ± 4.8
Race			
White	20.8 ± 4.7	16.4 ± 1.8	14.9 ± 4.0
Black	19.9 ± 10.0	13.8 ± 10.2	20.0 ± 11.5

1. Washington State Department of Health. www.doh.wa.gov

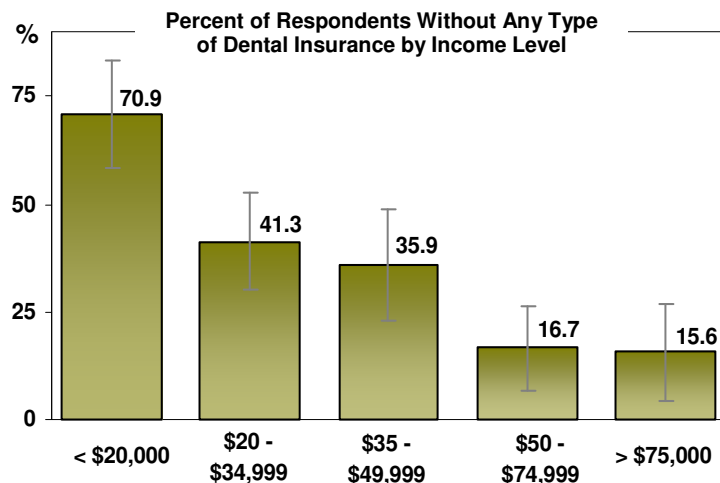
2. U.S. Department of Health and Human Services. (2000). *Healthy people 2010: Understanding and improving health* (2nd ed.). Washington, DC: U.S. Government Printing Office.

Dental Health

The United States Surgeon General has called dental decay and oral disease a “silent epidemic” that is affecting some population groups. Oral health can be considered an indicator of one’s general well-being.¹ Regular dental visits are important to diagnose and treat dental problems, as well as to prevent future dental problems.

In Calhoun County,

- 39.3% of adults reported that they did not have any kind of dental insurance. (Data not shown in table. See graph below).
- 29.2% of Calhoun County adults did not visit the dentist in the past year.
- College graduates were more likely to have had a dental visit in the past year (11.0%) compared to those with less than a high school diploma (55.2%).
- 22.4% of adults reported that they have 6 or more missing teeth.
- College graduates were less likely to have 6 or more missing teeth (5.4%) compared to those with less than a high school diploma (53.0%).



Questions:

“Have you visited a dentist or dental clinic for any reason in the past year?”

“How many of your teeth are missing due to tooth decay or gum disease?”

Percent of respondents who reported that they . . .	Did not have a dental visit in the past year	Have 6 or more teeth missing ^a
Total	29.2 ± 4.7	22.4 ± 4.2
Age		
18-34 years	27.3 ± 9.4	5.5 ± 5.5
35-54 years	26.4 ± 7.6	14.8 ± 6.0
55 years +	34.0 ± 7.5	45.8 ± 7.8
Gender		
Male	29.9 ± 7.5	17.6 ± 5.6
Female	28.6 ± 5.7	26.8 ± 5.9
Race		
White	26.7 ± 5.0	21.5 ± 4.5
Black	38.0 ± 15.0	26.2 ± 13.4
Education		
Less than HS	55.2 ± 14.8	53.0 ± 15.1
HS Graduate	33.2 ± 7.9	22.8 ± 6.6
Some college	20.4 ± 6.6	14.9 ± 5.8
College graduate	11.0 ± 5.8	5.4 ± 3.4

^a Excludes teeth missing due other reasons (i.e., injury, orthodontics).

1. U.S. Department of Health and Human Services. (2000). *Oral health in America: A report of the surgeon general* [Electronic version]. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health.

Physical Activity and Fruit & Vegetable Consumption

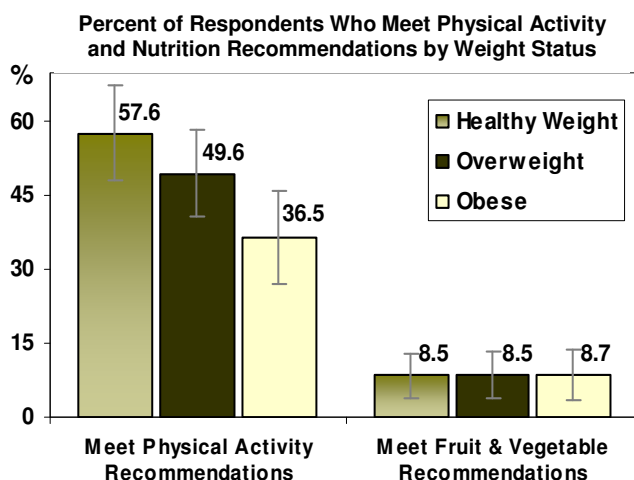
Exercising and eating right improve your health and can help you live longer. Regular physical activity reduces the risk of heart disease, stroke, diabetes, and high blood pressure. It can help control weight, reduce anxiety and depression, and maintain healthy bones, muscles, and joints.¹ Eating fruits and vegetables may reduce the risk of cancer, heart disease, diabetes, high blood pressure, and other chronic diseases and helps control weight.

Federal dietary guidelines recommend eating 5 or more servings of fruits and vegetables a day.²

The CDC recommends that adults engage in moderate-intensity physical activity for 30 minutes on 5 days of the week or vigorous-intensity physical activity for 20 minutes on 3 days of the week.³

In Calhoun County,

- 26.4% of adults reported that they did not participate in any leisure-time physical activity in the last month.
- 91.2% of adults reported eating less than 5 servings of fruits and vegetables per day.



Question:

“During the past month, other than your regular job, did you participate in any physical activities or exercises?”

How often do you drink fruit juices? Eat fruit? Eat vegetables?

Percent of respondents who reported that they . . .	Did not participate in any leisure-time physical activity ^a	Eat less than 5 servings of fruits & vegetables per day ^b
Total	26.4 ± 4.4	91.2 ± 2.8
Age		
18-34 years	18.6 ± 8.3	-
35-54 years	23.5 ± 7.1	-
55 years +	35.9 ± 7.3	-
Gender		
Male	23.3 ± 6.7	92.4 ± 4.0
Female	29.3 ± 5.7	90.2 ± 3.6
Race		
White	26.3 ± 4.8	91.6 ± 3.0
Black	31.4 ± 14.0	90.8 ± 7.3
Income		
Less than \$20,000	41.9 ± 11.6	-
\$20-\$34,999	25.3 ± 8.9	-
\$35-\$49,999	19.9 ± 10.3	-
\$50-\$74,999	27.5 ± 13.6	-
More than \$75,000	11.7 ± 6.9	-

^a Includes activities such as running, calisthenics, golf, gardening, or walking.

^b Includes juice.

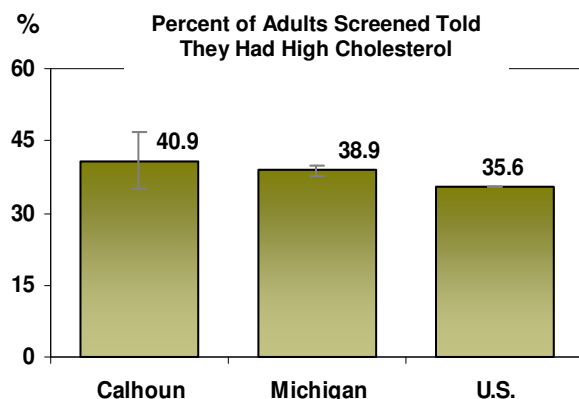
1. U.S. Department of Health & Human Services. (1996). *Physical activity and health: A report of the surgeon general* [Electronic version]. Atlanta, GA: U.S. Department of Health & Human Services.
2. Centers for Disease Control & Prevention. (2006). *5 a day: Home*. Retrieved May 06 from <http://www.cdc.gov/nccdphp/dnpa/5ADay/>
3. Special recommendations for older adults and children and more information can be found at <http://www.cdc.gov/nccdphp/dnpa/physical/recommendations>.

Cholesterol Awareness

High blood cholesterol is a major risk factor for heart disease, the leading cause of death in Calhoun County, Michigan and the United States. The higher your cholesterol level, the greater your risk for developing heart disease or having a heart attack. Everyone age 20 and older should have their cholesterol checked at least once every five years.¹

In Calhoun County,

- 69.7% of adults had their cholesterol checked within the past five years. This falls short of the Healthy People 2010 goal of 80% screening prevalence.
- Females were more likely to have their cholesterol checked in the past five years (76.6%) compared to males (62.4%).
- 40.9% of adults were told that they had high cholesterol.
- 52.1% of those earning less than \$20,000 were told that they had high cholesterol compared with 32.6% of those earning \$75,000 or more.



2004 data for Michigan and U.S. not available.
2005 data is shown.

Questions:

“Have you had your blood cholesterol checked in the past 5 years?”

“Has a doctor, nurse, or other health professional ever told you that your cholesterol was high?”

Percent of respondents who . . .	Had their cholesterol checked within the past 5 years	Were told that they had high cholesterol
Total	69.7 ± 5.5	40.9 ± 5.7
Gender		
Male	62.4 ± 9.0	40.3 ± 9.5
Female	76.6 ± 5.9	41.3 ± 7.1
Race		
White	69.5 ± 6.0	41.5 ± 6.2
Black	66.9 ± 16.4	39.1 ± 18.9
Income		
Less than \$20,000	64.4 ± 13.6	52.1 ± 14.3
\$20-\$34,999	66.5 ± 11.4	37.0 ± 11.8
\$35-\$49,999	74.7 ± 12.8	37.3 ± 13.6
\$50-\$74,999	75.8 ± 14.2	31.2 ± 15.8
More than \$75,000	79.9 ± 10.7	32.6 ± 13.5

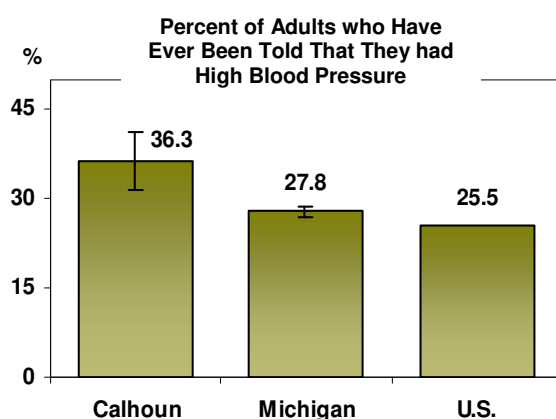
1. National Heart, Blood, and Lung Institute. (2005). *High blood cholesterol: What you need to know* [Brochure, Electronic version]. Washington, DC: Author.

Hypertension Awareness

Hypertension, or high blood pressure, is often called “the silent killer” because there are usually no symptoms present. When left untreated, high blood pressure can cause heart attack, stroke, heart failure, kidney failure, and vision problems or blindness. Blood pressure can be controlled with lifestyle changes, such as weight loss, healthy diet, and physical activity. Medication is also available to help control high blood pressure.¹

In Calhoun County,

- 36.3% of adults were told by a health professional that they have high blood pressure.
- The prevalence of high blood pressure increased with age.
- Among adults who were told they have high blood pressure, 78.1% were currently taking medication.



2004 data for Michigan and U.S. not available.
2005 data is shown.

Questions:

“Has a doctor, nurse, or other health professional ever told you that you have high blood pressure?”

“Are you currently taking medication for your high blood pressure?”

Percent of respondents who . . .	Have ever been told that they have high blood pressure ^a	Are currently taking medication ^b
Total	36.3 ± 5.0	78.1 ± 7.6
Age		
18-34 years	5.2 ± 5.8	*
35-54 years	34.3 ± 8.2	65.9 ± 14.0
55 years +	66.3 ± 7.1	89.4 ± 6.2
Gender		
Male	33.3 ± 7.7	69.6 ± 13.0
Female	39.0 ± 6.5	84.8 ± 8.3
Race		
White	35.5 ± 5.5	77.3 ± 8.5
Black	46.5 ± 15.8	86.5 ± 13.5
Income		
Less than \$20,000	48.9 ± 13.2	81.0 ± 16.3
\$20-\$34,999	30.8 ± 9.7	86.8 ± 10.5
\$35-\$49,999	34.2 ± 12.1	65.1 ± 20.5
\$50-\$74,999	34.3 ± 14.8	63.5 ± 27.9
More than \$75,000	32.6 ± 13.0	75.4 ± 20.7

^a Women who had high blood pressure during pregnancy were excluded.

^b Among the respondents who were ever told that they had high blood pressure.

* The number of respondents in this subgroup was less than 50.

1. National Heart, Blood, and Lung Institute. (2004). *What is high blood pressure?* Retrieved Jan 06 from http://www.nhlbi.nih.gov/health/dci/Diseases/Hbp/HBP_WhatIs.html

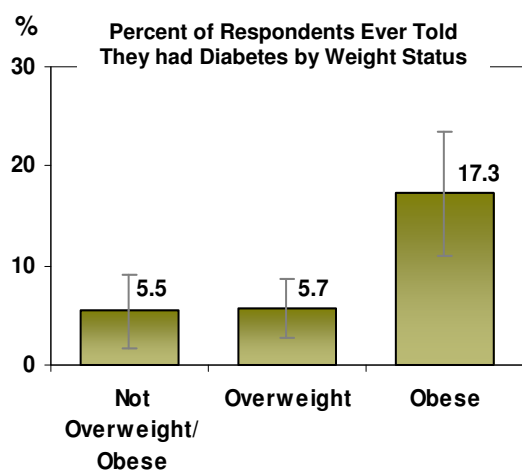
Weight Status

Over the past 20 years, obesity levels have doubled in the United States. Being obese or overweight increases the risk of many diseases and health conditions including hypertension, high cholesterol, diabetes, heart disease, stroke, and some cancers.¹ Body Mass Index (BMI) is a tool that indicates weight status in adults. It is a measure that relates weight and height and correlates with a person's body fat.²

Obesity is a major risk factor for diabetes, a growing public health problem.³ In Michigan, there has been an increase in the prevalence of diabetes since 1995. During this same time period, the prevalence of obesity has also been increasing in both the U.S. and in Michigan.

In Calhoun County,

- 30.8% of adults were obese, 39.2% were overweight, and 30.0% were not overweight or obese.
- Obesity affects all populations regardless of age, gender, race, education, or income. In Calhoun County, obese individuals were three times more likely to have been told they have diabetes than non-obese individuals.



Questions:

“About how much do you weigh?”

“About how tall are you?”

“Have you ever been told by a doctor that you have diabetes?”

Percent of respondents who were . . .	Obese ^a	Over-weight ^b	Not obese or overweight ^c	Ever told that they have diabetes ^d
Total	30.8 ± 4.7	39.2 ± 5.1	30.0 ± 4.6	9.9 ± 2.7
Age				
18-34 years	35.8 ± 10.9	38.8 ± 16.1	25.4 ± 16.9	1.1 ± 2.1
35-54 years	30.1 ± 14.1	40.4 ± 14.6	29.5 ± 9.8	6.6 ± 4.0
55+ years	25.2 ± 10.0	38.2 ± 11.8	36.6 ± 11.2	21.2 ± 5.7
Gender				
Male	33.0 ± 7.5	42.0 ± 7.9	25.0 ± 6.9	8.8 ± 3.8
Female	28.5 ± 5.8	26.3 ± 16.2	35.2 ± 5.9	11.0 ± 3.7
Race				
White	30.0 ± 5.1	38.1 ± 5.5	31.9 ± 5.2	9.1 ± 2.7
Black	30.3 ± 13.7	46.9 ± 15.7	22.8 ± 11.3	11.7 ± 7.9

Body mass index (BMI): defined as weight (in kilograms) divided by height (in meters) squared [weight / (height)²]. Excludes pregnant women.

^a BMI greater than or equal to 30.

^b BMI greater than or equal to 25, but less than 30.

^c BMI less than 25.

^d Women who had diabetes during pregnancy were excluded.

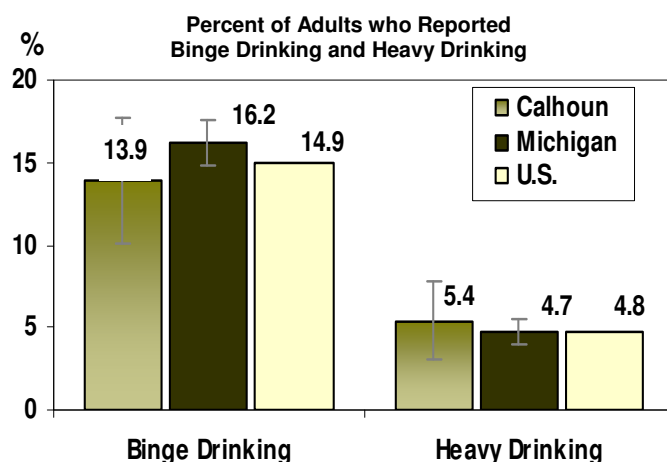
1. Centers for Disease Control and Prevention (CDC). (2005). *Overweight and obesity*. Retrieved May 06 from <http://www.cdc.gov/nccdphp/dnpa/obesity>
2. CDC. (2005). *BMI – Body Mass Index for adults*. Retrieved May 06 from <http://www.cdc.gov/nccdphp/dnpa/bmi>
3. CDC. (2005). *Diabetes frequently asked questions*. Retrieved May 06 from <http://www.cdc.gov/diabetes/faq>

Alcohol Consumption

Drinking alcohol occasionally or moderately is not typically associated with health risks. However, some people drink more, putting their health at risk. The consequences of alcohol abuse are serious—increased risk for certain cancers, liver cirrhosis, heart disease, and complications from interactions with some medications. Other consequences of abuse include increased risk of death from car crashes and other accidents.¹

In Calhoun County,

- 5.4% of adults reported heavy drinking (more than 2 alcoholic beverages per day for men or more than one alcoholic beverage per day for women).
- 13.9% of adults reported binge drinking (5 or more drinks per occasion). This is more than twice the Healthy People 2010 goal of 6%. Whites were more likely to report heavy drinking (5.7%) compared to blacks (1.0%).
- The prevalence of binge drinking decreased with age.
- Males were more likely to report binge drinking (20.1%) compared with females (7.9%).



Questions:

“During the past 30 days, how many days did you have at least 1 drink of any alcoholic beverage?”

“On the days when you did drink, about how many drinks did you drink on the average?”

“... how many times during the past 30 days did you have 5 or more drinks on an occasion?”

Percent of respondents who reported engaging in . . .	Heavy Drinking ^a	Binge Drinking ^b
Total	5.4 ± 2.4	13.9 ± 3.7
Age		
18-34 years	4.2 ± 4.2	23.3 ± 8.8
35-54 years	8.6 ± 5.1	17.5 ± 6.9
55+ years	2.8 ± 2.1	2.0 ± 1.7
Gender		
Male	6.3 ± 4.1	20.1 ± 6.7
Female	4.6 ± 2.6	7.9 ± 3.4
Race		
White	5.7 ± 2.7	14.3 ± 4.1
Black	1.0 ± 0.8	7.3 ± 8.2
Income		
Less Than \$20,000	4.2 ± 6.6	10.1 ± 8.8
\$20-\$34,999	3.1 ± 3.8	12.0 ± 7.7
\$35-\$49,999	2.8 ± 3.4	13.8 ± 9.4
\$50-\$79,999	6.9 ± 7.6	11.7 ± 8.8
More Than \$75,000	3.4 ± 3.4	16.6 ± 9.0

^a Heavy drinking is defined as consuming, on average, more than 2 alcoholic beverages per day for men or more than 1 alcoholic beverage per day for women.

^b Binge drinking is defined as consuming 5 or more drinks per occasion at least once in the previous month.

1. National Institute on Alcohol Abuse and Alcoholism. (2004). *Alcohol: What you don't know can harm you* [Brochure, Electronic version]. Washington, DC: National Institutes of Health.

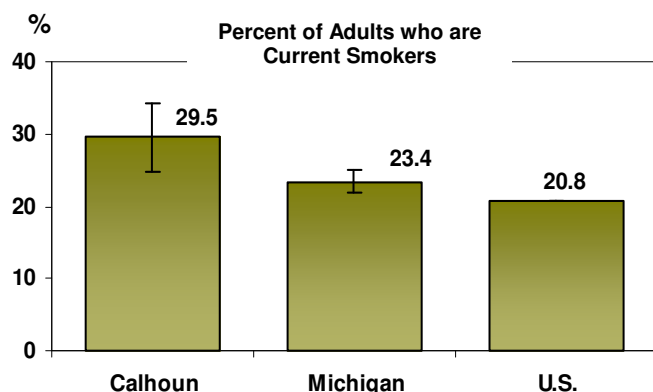
Tobacco Use

Smoking harms nearly every body organ, causing diseases and worsening health.¹ Tobacco is the leading cause of preventable death in the United States. Smoking causes cancer, cardiovascular disease, respiratory diseases, and harms reproduction. Smoking has also been linked to dental diseases, eye diseases, and increases risk for fractures. Quitting smoking lowers the risk for diseases and death caused by smoking.² The proportion of Michigan adults who were current smokers has remained above the U.S. median for the past ten years.

In Calhoun County,

- 29.5% of respondents reported being a current smoker and 22.0% reported being a former smoker.
- 57.6% of current smokers reported trying to quit smoking for one day or longer in the past year.
- Among current smokers, blacks were more likely to try to quit smoking (83.8%) compared with whites (54.1%).

Percent of current smokers who ...	Tried to quit smoking in the past year for 1 day or longer
Total	57.6 ± 10.2
Gender	
Male	56.3 ± 15.4
Female	59.0 ± 13.1
Race	
White	54.1 ± 11.4
Black	83.8 ± 16.2



Questions:

“Have you smoked at least 100 cigarettes in your entire life?”

“Do you now smoke cigarettes every day, some days, or not at all?”

“In the past 12 months, have you tried to quit smoking?”

Percent of respondents whose smoking status was . . .	Current Smoker	Former Smoker
Total	29.5 ± 4.8	22.0 ± 4.0
Age		
18-34 years	32.3 ± 10.2	15.5 ± 8.3
35-54 years	39.1 ± 8.2	17.2 ± 5.8
55 years +	16.3 ± 5.8	32.8 ± 7.0
Gender		
Male	32.4 ± 7.8	28.6 ± 6.9
Female	26.8 ± 5.7	15.9 ± 4.3
Race		
White	29.9 ± 5.3	21.1 ± 4.2
Black	28.6 ± 13.5	26.6 ± 14.3
Income		
Less than \$20,000	47.5 ± 12.0	15.9 ± 7.9
\$20-\$34,999	33.4 ± 10.4	18.2 ± 8.0
\$35-\$49,999	19.5 ± 10.2	26.4 ± 10.4
\$50-\$74,999	26.0 ± 13.8	25.6 ± 12.3
More than \$75,000	14.4 ± 8.5	23.5 ± 11.2

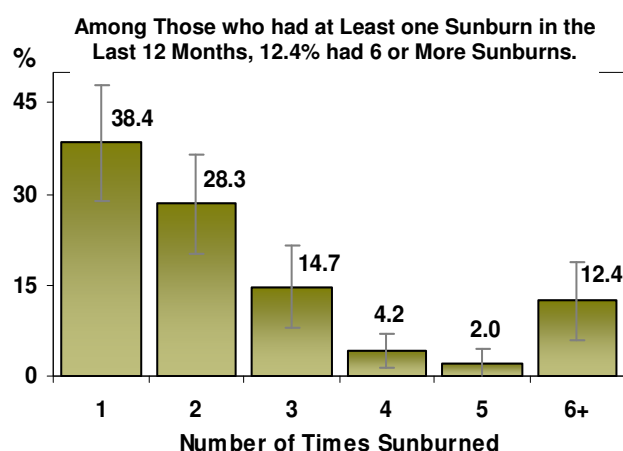
1. Department of Health and Human Services (DHHS). (2004). *The health consequences of smoking: A report of the Surgeon General* [Electronic version]. Washington, DC: DHHS, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
2. DHHS. (2004). *The health consequences of smoking: What it means to you.* [Electronic version]. Washington, DC: DHHS, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

Excess Sun Exposure

Skin cancer is the most common form of cancer in the United States. Exposure to the sun's ultraviolet (UV) rays is the most important environmental factor influencing the development of skin cancer. Risk factors for skin cancer include: light skin color, hair color, or eye color; family history of skin cancer; chronic exposure to the sun; history of sunburns early in life; freckles; and certain types of moles or a large number of moles.¹ Consistent sun-protective practices may reduce the risk of skin cancer. These protective practices include avoiding direct exposure to mid-day sun, covering skin exposed to sun (wearing hats, long-sleeve shirts, pants, and sunglasses), and using sunscreen.²

In Calhoun County,

- 31.0% of respondents reported having had at least one sunburn in the past year. This is higher than the State of Michigan's percentage (38.3%).
- Among those who had a sunburn in the past year, the median number of sunburns in the previous year was 2.4.
- Whites were more likely to report having at least one sunburn in the past year (35.2%) compared with blacks (6.2%).
- The incidence of sunburn decreased with age.



Questions:

“Have you had a sunburn within the past 12 months?”

“Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months?”

Percent of respondents who . . .	Had at least 1 sunburn in the past year
Total	31.0 ± 4.7
Age	
18-34 years	48.8 ± 10.5
35-54 years	38.5 ± 8.0
55 years +	8.8 ± 4.4
Gender	
Male	37.0 ± 7.8
Female	25.3 ± 5.2
Race	
White	35.2 ± 5.3
Black	6.2 ± 8.0

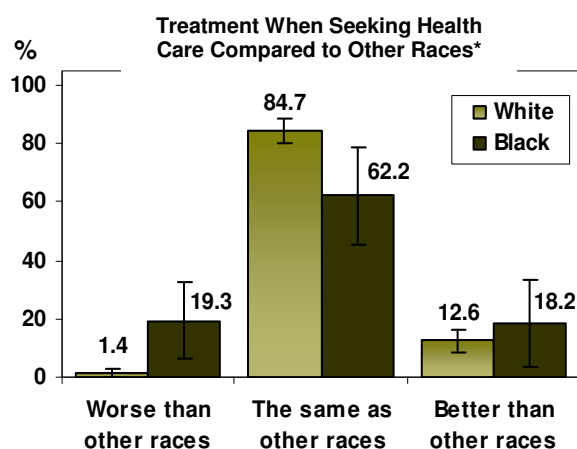
1. Centers for Disease Control and Prevention. (2004). *Skin cancer: Preventing America's most common cancer*. Retrieved Feb 06 from <http://www.cdc.gov/cancer/nscpep/skinpdfs/about2004.pdf>
2. Agency for Healthcare Research and Quality. (2003). *Counseling to prevent skin cancer: Recommendations and rationale*. Retrieved Feb 06 from <http://www.ahrq.gov/clinic/3rduspstf/skacacoun/skcarr.htm>

Racial Issues and Health

Past studies have suggested that racism is an underlying determinant of health disparities and quality of life in the United States. One study of Behavioral Risk Factor Surveillance System data showed that respondents who reported emotional or physical symptoms due to treatment based on race had higher rates of disability, fair or poor health, and seven or more days of poor physical health and mental health in the past 30 days than those having no symptoms.¹

In Calhoun County,

- Blacks were more likely to report that they felt they were treated worse than other races when seeking health care (19.3%) than whites (1.4%) (see graph).
- 5.1% of respondents reported experiencing emotional symptoms resulting from treatment based on race in the past 30 days.
- 3.0% of respondents reported experiencing physical symptoms resulting from treatment based on race in the past 30 days.
- Blacks were more likely to experience both physical and emotional symptoms resulting from treatment based on race.



* The responses, "Worse than some, better than others" and "Only encountered people of the same race" are not shown.

Questions:

"In the past 12 months when seeking healthcare, do you feel you were treated worse than, the same as, or better than people of other races?"

"In the past 30 days, have you felt emotionally upset as a result of how you were treated based on your race?"

"In the past 30 days, have you experienced any physical symptoms as a result of how you were treated based on your race?"

Percent of respondents who, in the past 30 days experienced . . .	Emotional symptoms resulting from treatment based on race ^a	Physical symptoms resulting from treatment based on race ^b
Total	5.1 ± 2.3	3.0 ± 1.6
Age		
18-34 years	2.6 ± 2.8	2.6 ± 2.8
35-54 years	2.4 ± 2.3	2.4 ± 2.3
55 years +	4.0 ± 3.4	4.0 ± 3.4
Gender		
Male	5.1 ± 4.2	1.8 ± 2.3
Female	5.0 ± 2.5	4.0 ± 2.4
Race		
White	2.5 ± 2.3	1.2 ± 1.4
Black	20.0 ± 11.3	11.8 ± 8.2

^a For example, angry, sad, or frustrated.

^b For example, headache, upset stomach, pounding heart.

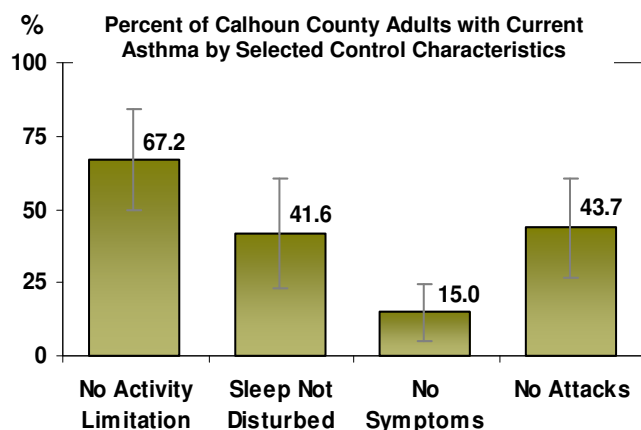
1. Gizlice, Z., & Ngui, E. M. (2004). *Relationships between health and perceived unequal treatment based on race: Results from the 2002 North Carolina BRFSS survey* (SCHS Study No. 144). Raleigh, NC: North Carolina Department of Health and Human Services.

Asthma

Asthma is a chronic disease that causes repeated episodes of wheezing, coughing, breathlessness, and chest tightening. Causes of an attack are typically environmental exposures such as tobacco smoke, dust mites, pets, mold, and cockroach allergen. Asthma may also be triggered by physical exercise, adverse weather conditions, and certain foods and drugs.¹ People with asthma may have to restrict their participation in activities such as exercise and sports. They also miss school or work and may need to visit their doctor or stay in the hospital regularly. However, with treatment and management, asthma can be controlled.²

In Calhoun County,

- 13.4% of adults had been told by a health care provider that they had asthma.
- 9.4% of respondents reported still having asthma.
- Those earning less than \$20,000 per year were most likely to have been told they have asthma (29.7%) and those earning higher incomes were less like to have been told they have asthma (22.5%).



Questions:

“Have you ever been told by a doctor, nurse, or other health professional that you had asthma?”

“Do you still have asthma?”

Percent of respondents who ...	Have ever been told they have asthma	Still have asthma
Total	13.4 ± 3.4	9.4 ± 3.0
Gender		
Male	10.3 ± 4.9	6.3 ± 3.8
Female	16.3 ± 4.8	12.4 ± 4.4
Race		
White	14.0 ± 3.9	10.0 ± 3.4
Black	10.3 ± 8.0	4.9 ± 3.3
Income		
Less than \$20,000	29.7 ± 11.5	22.5 ± 10.6
\$20-\$34,999	6.7 ± 4.4	5.9 ± 4.3
\$35-\$49,999	12.4 ± 7.5	10.5 ± 7.1
\$50-\$74,999	9.1 ± 7.9	7.0 ± 7.4
More than \$75,000	7.1 ± 6.0	1.7 ± 2.4

- Centers for Disease Control and Prevention. (2005). *Basic facts about asthma*. Retrieved Feb 06 from <http://www.cdc.gov/asthma/faqs.pdf>
- Asthma and Allergy Foundation of America. (2005). *Asthma overview*. Retrieved Feb 06 from <http://www.aafa.org/display.cfm?id=8>

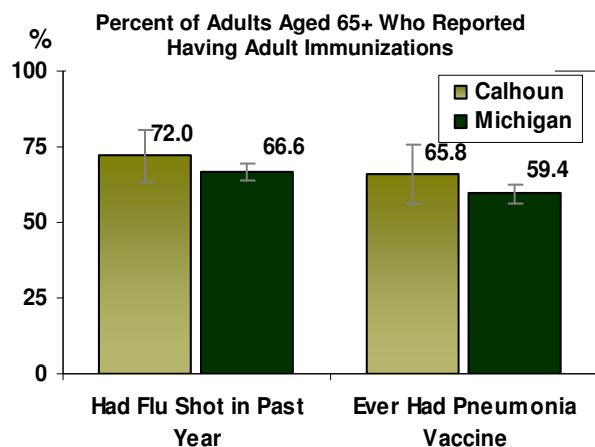
Adult Immunizations

Influenza (flu) is a contagious respiratory illness caused by a virus. It can cause mild to severe illness and could lead to death. The flu shot is the best way to prevent influenza and is recommended annually for some groups of people at high risk for complications. These include people aged 65 years and older, people living in long-term care facilities, people with chronic heart or lung conditions, people hospitalized in the past year for diabetes, kidney disease, or weakened immune systems, and people with conditions that compromise respiratory function.¹

Pneumococcal disease is an infection caused by bacteria. The most common type of infections are pneumonia, blood stream infections, sinus infections, ear infections, and meningitis. The pneumococcal vaccine is recommended for adults aged 65 years and older, people with long-term health problems (heart disease, lung disease, diabetes), and people with weakened immune systems.²

In Calhoun County,

- 72.0% of adults aged 65 years and older reported receiving a flu shot in the past year.
- 65.8% of adults aged 65 years and older reported ever receiving a pneumonia vaccine.
- Whites were more likely to ever have received a pneumonia vaccine (70.8%) compared with blacks (23.7%).
- Whites and blacks had similar proportions of people who received flu shots.



Questions:

“During the past 12 months, have you had a flu shot?”

“Have you ever had a pneumonia shot?”

Percent of respondents aged 65 years and older who ...	Had a flu shot in the past year	Have ever had a pneumonia vaccine
Total	72.0 ± 8.8	65.8 ± 9.6
Age		
65-74 years	68.2 ± 11.7	60.1 ± 12.6
75 years +	78.3 ± 12.5	74.5 ± 15.5
Gender		
Male	74.3 ± 11.9	55.0 ± 16.3
Female	70.4 ± 12.1	73.1 ± 11.4
Race		
White	71.1 ± 9.2	70.8 ± 8.9
Black	71.6 ± 28.4	23.7 ± 23.2

1. Centers for Disease Control and Prevention. (2006). *Influenza (Flu)*. Retrieved Feb 06 from <http://www.cdc.gov/flu/>

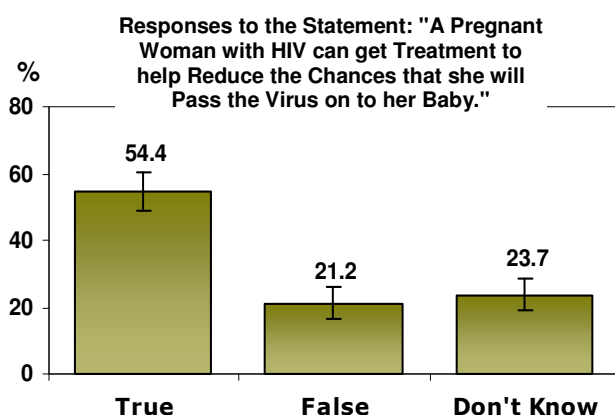
2. Centers for Disease Control and Prevention, National Immunization Program. (2005). *Pneumococcal Disease*. Retrieved Feb 06 from <http://www.cdc.gov/nip/diseases/Pneumo/default.htm>

HIV Testing & Risk Behaviors

AIDS (Acquired Immunodeficiency Syndrome) is caused by HIV (Human Immunodeficiency Virus). HIV works to damage the body's immune system therefore destroying the body's ability to fight disease. People with AIDS often get "opportunistic infections", illnesses that healthy people usually fight off. HIV is spread through sexual contact with an infected person, sharing needles with an infected person, and from infected mother to her child during birth or breastfeeding. There is no cure for HIV/AIDS. However, there are now drug therapies that can help to slow the spread of HIV through the body, delay opportunistic infections, and help reduce the chances that a pregnant woman with HIV will pass the virus on to her baby."¹

In Calhoun County,

- 50.4% of adults reported having ever been tested for HIV.
- Adults aged 24-44 years were most likely to have ever had an HIV test.
- Blacks were more likely to have ever been tested for HIV (70.3%) compared with whites (47.0%).
- 3.0% of adults reported engaging in high-risk behavior for acquiring HIV.² This is comparable to the State of Michigan's percentage (3.7%).



Questions:

"Have you ever been tested for HIV?"

"Did any of these [high risk] situations apply to you?"²

Percent of respondents aged 18-64 years who ...	Have ever been tested for HIV ^a
Total	50.4 ± 5.9
Age	
18-24 years	33.6 ± 15.8
25-34 years	71.1 ± 13.2
35-44 years	61.1 ± 11.4
45-54 years	39.6 ± 11.6
55-64 years	34.6 ± 12.3
Gender	
Male	49.5 ± 9.5
Female	51.4 ± 7.0
Race	
White	47.0 ± 6.6
Black	70.3 ± 14.0

^a Does not include tests that were part of a blood donation.

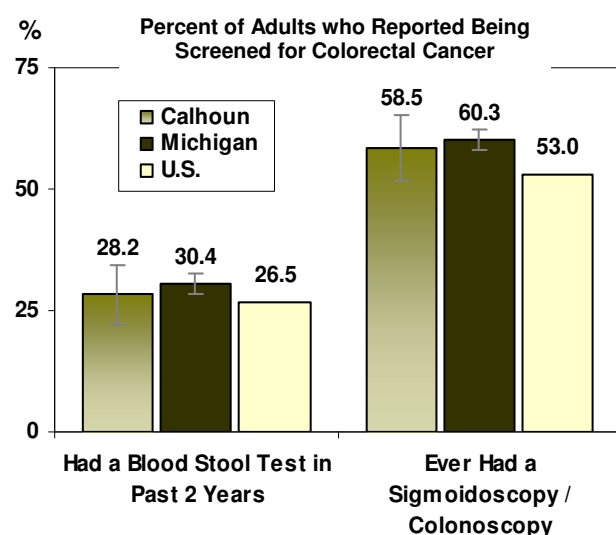
1. National Institute of Allergy and Infectious Disease, National Institutes of Health. (2005). *HIV infection and AIDS: An overview*. Retrieved Feb 06 from <http://www.niaid.nih.gov/factsheets/hivinf.htm>
2. High risk behavior is defined as 1 or more of the following: used intravenous drugs, been treated for a sexually transmitted or venereal disease, given or received money or drugs in exchange for sex, had anal sex without a condom.

Colorectal Cancer Screening

Colorectal cancer is the third most common cancer in men and women. Factors that increase the risk of colorectal cancer include a personal or family history of colorectal polyps or cancer, age, diet from animal sources (e.g., beef, chicken, etc.), physical inactivity, diabetes, smoking, and alcohol intake, and inflammatory bowel disease. Fecal occult blood tests, sigmoidoscopy, and colonoscopy are screening procedures that are performed to detect colorectal precancerous polyps (abnormal growths in the colon or rectum) so they can be removed before turning into cancer. Screening is recommended for everyone 50 years and older.¹

In Calhoun County,

- 49.3% of adults 50 years and older had ever had a blood stool test.
- 28.2% had a blood stool test in the past two years. This estimate is lower than the Healthy People 2010 goal of 33%.
- 58.5% of adults 50 years and older had ever had a sigmoid- or colonoscopy and nearly half (48.9%) had one in the past five years.
- Females were more likely to have ever had a sigmoidoscopy or colonoscopy.



Questions:

“Have you ever had a blood stool test using a home kit? Within the past two years?”

“Have you ever had a sigmoidoscopy or a colonoscopy? Within the past five years?”

Percent of respondents aged 50 years and older who ...	Have ever had a blood stool test	Had a blood stool test in the past 2 years
Total	49.3 ± 6.9	28.2 ± 12.3
Gender		
Male	43.8 ± 10.9	27.0 ± 9.9
Female	53.2 ± 8.6	29.2 ± 15.4

Percent of respondents aged 50 years and older who ...	Have ever had a sigmoid- or colonoscopy	Had a sigmoid- or colonoscopy in the past 5 years
Total	58.5 ± 6.8	48.9 ± 6.9
Age		
50-59 years	42.4 ± 11.6	33.9 ± 10.9
60-69 years	65.4 ± 11.1	58.1 ± 11.5
70 years +	68.3 ± 10.9	56.1 ± 12
Gender		
Male	53.1 ± 11.2	47.7 ± 10.9
Female	60.6 ± 8.5	49.9 ± 8.8
Race		
White	60.2 ± 7.1	50.1 ± 7.3
Black	48.1 ± 24.2	43.9 ± 23.8

1. Centers for Disease Control and Prevention. (2006). *Colorectal Cancer: FAQs*. Retrieved Feb 06 from http://www.cdc.gov/colorectalcancer/basic_info/faqs.htm

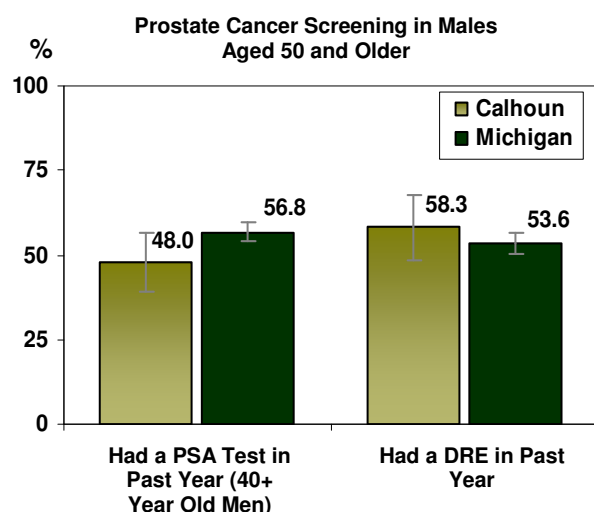
Prostate Cancer Screening

Prostate cancer is the second most common cancer among men. Risk factors for developing prostate cancer include age over 50 years, family history of the disease, and race (African-Americans are at a higher risk than whites). Screening for prostate cancer includes a digital rectal exam (DRE) or a blood test for prostate-specific antigen (PSA). A DRE is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. The Prostate-Specific Antigen Test (PSA) detects PSA, a substance in the blood that may indicate the presence of prostate cancer cells.

The American Cancer Society recommends that screening tests be offered annually, beginning at age 50 years, to men who have at least a 10-year life expectancy, and to men aged 45 and older who are at high risk.¹ Screening can detect prostate cancer in its early stages, but it is still undetermined whether screening improves health outcomes.

In Calhoun County,

- 70.2% of men over age 50 reported ever having a PSA test.
- Almost half (48.0%) of men over age 50 reported having a PSA test in the past year.
- 58.3% of men over age 50 reported having a digital rectal exam within the past year.



Questions:

“Have you ever had a prostate-specific antigen (PSA) test?”

“Have you had a prostate-specific antigen (PSA) test within the past year?”

“Have you ever had a digital rectal exam?”

“How long has it been since your last digital rectal exam?”

Percent of male respondents aged 50 years and older who . . .	Have ever had a PSA test	Had a PSA test in the past year	Had a DRE within the past year
Total	70.2 ± 11.2	48.0 ± 11.7	58.3 ± 11.3
Age			
50-59 years	66.1 ± 20.8	37.4 ± 19.0	52.5 ± 19.9
60 years +	73.1 ± 11.9	56.2 ± 13.5	62.3 ± 12.4
Education			
HS Graduate or Less	66.8 ± 16.6	44.8 ± 16.9	53.7 ± 19.2
Some College or More	74.7 ± 12.3	51.9 ± 15.6	58.8 ± 14.4
Income			
Less than \$35,000	62.2 ± 22.8	41.2 ± 20.5	48.6 ± 21.6
Greater than \$35,000	70.2 ± 14.3	46.3 ± 15.3	61.9 ± 14.8

Note: Men diagnosed with prostate cancer were excluded.

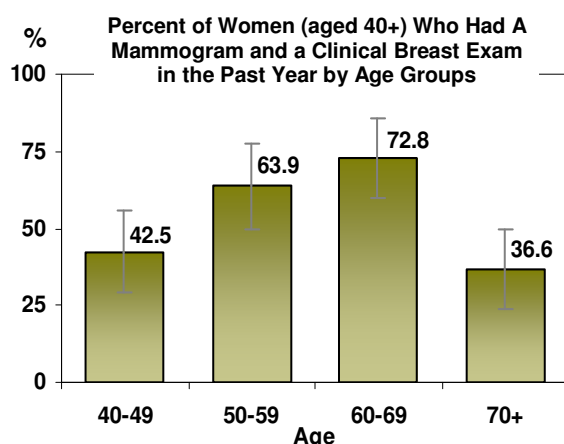
1. American Cancer Society. (2006). *Overview: Prostate Cancer*. Retrieved June 06 from http://www.cancer.org/docroot/CRI/CRI_2_1x.asp?dt=36

Breast Cancer Screening

Breast cancer is the second most commonly diagnosed cancer and the second leading cause of cancer-related deaths in American women. Women with certain risk factors have an increased chance of developing breast cancer. These include increasing age, personal and family history of breast cancer, and lack of physical activity. Two ways to detect breast cancer are mammogram and clinical breast exam. Mammogram is the best available method to detect breast cancer in its earliest stages. During a clinical breast exam, the healthcare provider checks breasts for lumps, skin dimpling, and other abnormal signs.^{1,2}

In Calhoun County,

- 70.6% of female respondents age 20 and over reported having an appropriately timed clinical breast exam.
- 58.3% of female respondents age 40 and over reported having a mammogram in the past year.
- 50.6% of female respondents age 40 and over reported having a mammogram and a clinical breast exam in the past year. This is comparable to the State of Michigan's percentage.



Questions:

“Have you ever had a clinical breast exam?”

“How long has it been since you had your last clinical breast exam?”

“Have you ever had a mammogram?”

“How long has it been since you had your last mammogram?”

Percent of female respondents who . . .	Had a mammogram in past year	Had an appropriately timed clinical breast exam ^a
Total	58.3 ± 7.4	70.6 ± 5.9
Age		
20-29 years	-	98.7 ± 1.3
30-39 years	-	73.3 ± 15.5
40-49 years	43.7 ± 13.6	60.1 ± 13.9
50-59 years	68.8 ± 13.4	80.0 ± 10.4
60-69 years	81.6 ± 11.2	77.7 ± 11.8
70+ years	48.7 ± 14.5	46.4 ± 14.5
Race		
White	55.5 ± 8.0	69.4 ± 6.6
Black	73.3 ± 17.5	73.5 ± 16.1
Income		
Less than \$20,000	52.0 ± 16.2	-
\$20-\$34,999	55.1 ± 15.4	-
\$35-\$49,999	77.8 ± 17.5	-
\$50-\$74,999	74.5 ± 17.3	-
More than \$75,000	60.2 ± 20.2	-

^a Appropriately timed: having a clinical breast exam in the last 3 years for women aged 20 - 39 years and in the last year for women aged 40 years and older.

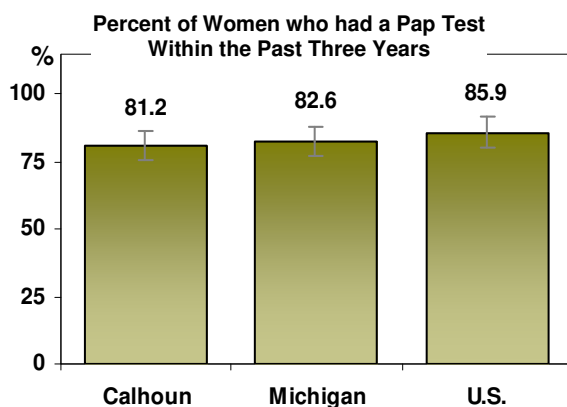
- Centers for Disease Control and Prevention, Cancer Prevention and Control. (2004). *The national breast and cervical cancer early detection program: Saving lives through screening*. Retrieved Feb 06 from <http://www.cdc.gov/cancer/nbccedp/bccpdfs/about2004.pdf>
- National Cancer Institute. (2005). *What you need to know about breast cancer*. Retrieved Feb 06 from <http://www.cancer.gov/cancertopics/wyntk/breast/page1>

Cervical Cancer Screening

Cervical cancer is preventable and curable if it is detected early with regular screenings. A Pap (Papanicolaou) smear test, or simply Pap test, is a screening procedure involving microscopic examination of cells collected from the cervix. The Pap test is used to detect changes in the cervix that may lead to cancer and non-cancerous conditions. Regular Pap tests decrease the risk for developing cervical cancer because they can detect precancerous cervical lesions at early, treatable stages. Nationally, the use of Pap tests has helped reduce the number of deaths from cervical cancer by 70%. Current guidelines for cervical cancer screening recommend that Pap testing should begin with the onset of sexual activity or at age 21, whichever comes first, and continue at least every three years.¹

In Calhoun County,

- 96.5% of female respondents reported ever having had a Pap smear test, an estimate that is almost identical to the Healthy People 2010 goal of 97%.
- Overall, 81.2% of female respondents reported having had a Pap smear test in the past three years. This is lower than the Healthy People 2010 Goal of 90%.



Questions:

“A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?”

“How long has it been since you had your last Pap smear?”

Percent of female respondents who . . .	Have ever had a Pap test	Had a Pap test within the past three years
Total	96.5 ± 2.2	81.2 ± 5.5
Age		
18 to 29 years	94.8 ± 5.2	94.8 ± 5.2
30 to 39 years	90.4 ± 9.6	75.0 ± 17.2
40 to 49 years	99.8 ± 0.2	82.9 ± 13.2
50 to 59 years	100.0 ± 0.0	88.6 ± 9.1
60 to 69 years	97.3 ± 2.7	78.9 ± 12.3
70 years +	96.9 ± 3.1	67.4 ± 15.2
Race		
White	96.3 ± 2.4	80.3 ± 5.9
Black	89.0 ± 11.0	76.6 ± 15.5

1. Centers for Disease Control and Prevention, Cancer Prevention and Control. (2006). *Cervical cancer awareness*. Retrieved February 7, 2006 from <http://www.cdc.gov/cancer/nbccedp/info-cc.htm>

Summary Table for Key Indicators

Indicator	Population Group	Calhoun Estimate (%)	Michigan Estimate (%)	U.S. Estimates	
				Median ^a (%)	Range ^b (%)
Health Status, Fair or Poor	Total	21.8 ± 4.2	14.4	15.1	10.0 - 34.8
	Men	19.5 ± 6.1	13.0	13.5	9.6 - 30.2
	Women	24.0 ± 5.5	15.7	16.4	10.4 - 38.8
No Health Care Coverage	Total	20.2 ± 4.1	14.2	14.9	7.9 - 29.8
	Men	25.6 ± 7.1	15.6	16.4	9.4 - 33.1
	Women	14.5 ± 3.8	12.8	13.1	6.0 - 27.4
No Leisure-Time Physical Activity	Total	26.4 ± 4.4	22.1	22.9	15.9 - 46.6
	Men	23.3 ± 6.7	19.9	20.8	15.5 - 40.2
	Women	29.3 ± 5.7	24.2	25.2	15.6 - 52.3
Obesity ^c	Total	30.8 ± 4.7	25.5	23.2	16.8 - 28.9
	Men	33.0 ± 7.5	24.9	23.6	17.5 - 28.6
	Women	28.5 ± 5.8	26.0	22.5	15.9 - 30.3
Overweight ^d	Total	39.2 ± 5.1	36.9	36.9	33.0 - 39.8
	Men	42.0 ± 7.9	44.4	44.4	40.0 - 47.1
	Women	26.3 ± 16.2	29.3	29.3	26.0 - 34.1
Diabetes	Total	9.9 ± 2.7	7.6	7.0	4.2 - 10.9
	Men	8.8 ± 3.8	7.3	7.2	4.3 - 11.6
	Women	11.0 ± 3.7	7.9	6.4	3.8 - 10.9
Current Smoking	Total	29.5 ± 4.8	23.4	20.8	9.4 - 27.5
	Men	32.4 ± 7.8	25.0	23.0	11.7 - 29.3
	Women	26.8 ± 5.7	22.0	19.0	7.2 - 26.4
Current Asthma	Total	9.4 ± 3.0	8.3	8.3	4.6 - 10.3
	Men	6.3 ± 3.8	6.2	6.2	2.3 - 8.4
	Women	12.4 ± 4.4	10.0	10.0	6.6 - 12.7
Binge Drinking	Total	13.9 ± 3.7	16.2	14.9	8.3 - 21.8
	Men	20.1 ± 6.7	24.3	23.0	13.0 - 30.6
	Women	7.9 ± 3.4	8.9	7.6	3.5 - 13.5
Heavy Drinking	Total	5.4 ± 2.4	4.7	4.8	2.8 - 7.4
	Men	6.3 ± 4.1	5.3	5.8	3.2 - 9.3
	Women	4.6 ± 2.6	4.2	4.2	1.9 - 7.5
Blood Stool Test in Past 2 Years (50+ Year Olds)	Total	28.2 ± 12.3	30.4	26.5	3.5 - 40.3
	Men	27.0 ± 9.9	30.8	27.5	3.5 - 39.6
	Women	29.2 ± 15.4	30.0	25.7	3.6 - 41.1
Ever Had a Sigmoidoscopy/Colonoscopy (50+ Year Olds)	Total	58.5 ± 6.8	60.3	53.0	33.6 - 66.3
	Men	53.1 ± 11.2	61.3	52.5	32.2 - 66.5
	Women	60.6 ± 8.5	59.4	53.2	34.1 - 67.0

a. The median value of the prevalence estimates compiled from 49 U.S. states, two territories, and Washington, D.C. that participated in the 2004 BRFSS.

b. The lowest and highest prevalence estimates among the states, Washington D.C., and U.S. territories that participated in 2004.

c. Obesity: Body Mass Index (BMI) of greater than 30.

d. Overweight: BMI of greater than 25 and less than or equal to 30.

Source for Michigan and U.S. Data: Cook, ML, AP Rafferty. 2005. Health risk behaviors in the state of Michigan: 2004 Behavioral Risk Factor Survey. Lansing, MI: Michigan Department of Community Health, Bureau of Epidemiology, Epidemiology Services Division.

**CALHOUN COUNTY PUBLIC HEALTH DEPARTMENT
DOTTIE-KAY BOWERSOX, MA
HEALTH OFFICER**

The Calhoun County Public Health Department works to enhance our community's total well-being by promoting healthy lifestyles, protecting health, and preventing disease.



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www.calhouncountymi.gov/publichealth
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